

Minutes of the State Board of Health

October 9, 2001

A public work session of the Washington State Board of Health (SBOH) was held at the WestCoast Yakima Center Hotel in Yakima, Washington. The work session was called to order at 7:05 p.m. by Linda Lake, Chair:

The following Board members were present:

Linda Lake, Chair	Vickie Ybarra, RN, MPH
Charles R. Chu, DPM	The Honorable Margaret Pageler, JD
Ed Gray, MD	Carl S. Osaki, RS, MSPH
Thomas H. Locke, MD, MPH	Mary Selecky, Secretary, Dept. of Health
Joe Finkbonner, MHA	

State Board of Health Staff present:

Don Sloma, Executive Director	Desiree Robinson, Executive Assistant
Marianne Seifert, Health Policy Advisor	Doreen Garcia, Senior Health Policy Advisor
Craig McLaughlin, Senior Health Policy Manager	Jennifer Dodd, Assistant to the Board

Guests and Other Participants:

Julie Wicklund	Mark Oberle
Larry Jecha	Chris Martin
Kay Coon	Jeff Duchin

BRIEFING ON THE EMERGENCY RESPONSE CAPACITY OF THE PUBLIC HEALTH SYSTEM IN WASHINGTON STATE

Board member Carl Osaki introduced the topic for the evening: Public Health Preparedness. He defined public health preparedness as “the ability of the public health system to effectively respond to public health emergencies and threats.” He asked the Board to consider three questions during the evening:

1. What are the policy gaps that need to be addressed to respond effectively?
2. Can we support or assist agencies and stakeholders involved in emergency preparedness and response?
3. What linkages do we need with other players in the health system and other systems to deal with an emergency?

Board member and Secretary of the Department of Health Mary Selecky stated that we often do not have to call upon the authority granted to the public health system through RCW 38.52 – the Emergency Management Act. Protecting public health and safety is a fundamental responsibility of government. Preparedness is the number one thing the public health system can to carry out that responsibility. The department’s responsibilities include:

- Emergency assessment of the health system
- Disease prevention and control
- Laboratory capacity
- Epidemiology and surveillance
- Security of information systems
- Policy and evaluation
- Preparedness response and capacity
- Victim identification and mortuary services

The Public Health Threats and Emergencies Act of 2000, S.2731 (Frisk-Kennedy bill) was passed last year by the 106th Congress. Its purpose is to allocate funds to increase public health infrastructure capacity, to improve the system to enable it to detect and respond effectively. The Act is not yet funded. We need to consider what we have to do to be prepared for an emergency with health implications:

- Strengthen our relationship with our emergency management operation centers.
- Help form an emergency response plan for the state.
- Work with local health jurisdictions to help them determine what they need and to be ready to mobilize in order to respond.

Ms. Selecky showed the Board a video by the CDC regarding emergency preparedness. She then introduced DOH’s Bioterrorism Response Coordinator, Julie Wicklund who reviewed three handouts: “Bioterrorism Concerns after September 11”, “Health Alert Network Fact Sheet”, and “Agents of Highest Concern for Bioterrorism”.

Dr. Larry Jecha, MD, MPH, health officer for Benton-Franklin Health District & Klickitat County Health Department, testified representing the Washington State Association of Local Public Health Officials. He stated that emergency preparedness is variable across the state. Capacity is very limited but it is there. It depends on how big the emergency is. Within a community the highest-level elected official is in charge in an emergency. The response has to be a combined effort among local agencies. The public health jurisdiction needs a surveillance system, disease reporting, investigation, education and training, and public health resources. Board member Tom Locke said we are not unprepared but we are under-prepared. He stated that we need a long- range investment for

emergencies beyond natural disasters. Chair Lake asked speakers to discuss the role of the military. Secretary Selecky stated that the Governor can declare a state of emergency for the state and he can call in the National Guard.

Jeffrey S. Duchin, M.D., Chief, Communicable Disease Control, Epidemiology and Immunization Section for Public Health—Seattle and King County, stated that the first responders in a biological disaster are the medical system and public health officials, not the traditional responders (fire and police). Dr. Duchin gave the Board a power point presentation—“Bioterrorism and Biological Disaster Preparedness” by Public Health—Seattle & King County. He stressed we need a regional response capacity, not just a response capacity for each county. Mr. Osaki asked what kind of training and education is needed. Dr. Duchin stated clinicians need to recognize syndromes, know how to report them to public health officials, and know how to handle dangerous substances. Public health agencies need to know how to handle dangerous substances, how to handle a call about a potential exposure, and how to conduct appropriate surveillance. Chair Lake expressed concern about having a plan when communication systems break down.

Chris Martin, Administrative Director, Emergency Services, Harborview Medical Center spoke representing the Washington State Hospital Association. Dr. Martin discussed the Washington State Hospital Association (WSHA) Emergency Preparedness Committee that focuses on hospital preparedness. She provided the Board with a PowerPoint presentation. She expressed concern that there isn't an overall coordinated state hospital response. She discussed Harborview Medical Center's emergency response plan. Harborview has created a secured web site, “Puget Sound Hospital Capacity”, used by hospitals to communicate about their emergency capacity in the region. The WSHA has done a lot of training to help hospitals be prepared for a disaster. Mr. Osaki asked if there is a consistent policy for how all hospitals would respond, rather than each responding in a unique way. Ms. Martin responded that each hospital follows the plan of the local emergency response center. She stated that the WTO event gave them an opportunity to test resources and determine ways to improve response.

Mark Oberle, M.D, Associate Dean, UW School of Public Health and Community Medicine, stated that there are many kinds of training needs that graduate schools can fulfill, but they may not be the best to handle them. CDC has funded preparedness centers around the county. Washington received one of those grants and it is run through the Northwest Center for Public Health Practice. This Center covers the six northwest states. Dr. Oberle showed a PowerPoint presentation about trainings that are underway or have been completed.

Chair Lake asked Board member Margaret Pageler about Seattle's preparedness. Ms. Pageler discussed the plans to address power and water reservoir risks. Dr. Duchin participated in the discussion. Board member Joe Finkbonner stated that tribes need to be included in emergency preparedness. Mr. Osaki stated that public health officials must be careful not to use jargon when communicating with other agencies and stakeholders in an emergency. Ms. Selecky stated that during a local emergency the local health official is in charge until the state is called in for help. Board Executive Director Don Sloma pointed out the Board meeting packets include the GAO report as well as other articles useful for further discussions about emergency preparedness.

The work session adjourned at 9:10 p.m.

October 10, 2001

A meeting of the Washington State Board of Health (SBOH) was held at the WestCoast Yakima Center Hotel in Yakima, Washington. The public meeting of the SBOH was called to order at 9:04 a.m. by Linda Lake, Chair, who addressed the attendees with the following statement:

“This is a public meeting of the SBOH held under provision of RCW 43.20. Notice of the meeting was provided in accordance with provisions of RCW 34.05, the Administrative Procedures Act. Those members having any conflict of interest on any item coming before the Board will report that conflict with respect to the particular subject under consideration. In case of challenge of any Board members by the public, the Board shall decide the status of the challenged members to participate before considering the substance of the matter.

Copies of all materials supplied to the Board for today's meeting have been available since close of business last Friday from the Board's Olympia office and on the Board's Web site at www.doh.wa.gov/sboh. They are also available today, along with anything else we have received since, at the table in the back of the room. To conserve public funds, we have only made as many copies as we feel will be needed, so we may run out of some particularly popular items. If you do not find a document you need, please ask Desiree Robinson, or another Board staff person for one.

Our meeting today is open to the public, so please feel free to listen in on informal discussions involving Board members or staff, including any that may occur during breaks or lunch.”

The following Board members were present:

Linda Lake, Chair
Charles R. Chu, DPM
Ed Gray, MD
Thomas H. Locke, MD, MPH
Joe Finkbonner, MHA

Vickie Ybarra, RN, MPH
The Honorable Margaret Pageler, JD
Carl S. Osaki, RS, MSPH
Mary Selecky, Secretary, Department of Health

State Board of Health Staff present:

Don Sloma, Executive Director
Craig McLaughlin, Senior Health Policy Manager
Doreen Garcia, Senior Health Policy Advisor
General
Marianne Seifert, Health Policy Advisor

Desiree Robinson, Executive Assistant
Jennifer Dodd, Assistant to the Board
Melissa Burke-Cain, Assistant Attorney

Guests and Other Participants:

Dennis Klukan
John Thayer
Sharon Smith
Bruce Perkins
Bill White

Maryanne Guichard
Gary Kickbush
Laurie Garrett
Rhonda Stone
Katie Stone

Jean Noble
Michelle Arton
Bonnie Morrow
Robin Clingle

APPROVAL OF AGENDA

- *Motion: To approve the October 9-10, 2001 agenda as submitted.*
Approved: unanimously

ADOPTION OF JULY 10-11, 2001 MEETING MINUTES

- *Motion: To approve the July 10-11, 2001 minutes as submitted.*
Motion/Second: Pageler/Locke. The motion passed unanimously.

WELCOME – YAKIMA HEALTH DISTRICT

Dennis Klukan, administrator of the Yakima Health District, welcomed the Board to Yakima. He apologized for not being at the meeting the evening before, but said he was called out by staff for possible local bioterrorism situations that turned out to be false. He noted this is the best of times and the worst of times. He asked for the Board's help maintaining the public health system in the state of Washington. Ms. Selecky asked for quick perspective of Yakima Co Health Department and why the county is looking to reduce local health district dollars. Mr. Klukan said it was because of reduction in Motor Vehicle Excise Tax fees to county. He said the county is cutting back everything to the bone and the health district is looking at \$1.2 million shortfall for the 2002 budget. He said the total budget is around \$12 million. Less than 6 percent comes from the county budget. He stressed the importance of local capacity dollars. Ms. Selecky noted Yakima's commitment to disease surveillance. Mr. Klukan said the district has transferred responsibility for immunizations to community partners.

UPDATE ON FOOD SAFETY IN ADULT FAMILY HOMES

Mr. Osaki reminded the Board of its previous discussions about requiring food worker cards in adult family homes and reviewed his memo concerning the history of this issue and current status following Governor Locke's partial veto of ESB 1320.

FOOD WORKER CARD FEES (WAC 246-217-030)

Mr. Osaki directed the Board to materials behind Tab 6 concerning a request to increase the fee for food worker cards. He reviewed some of the history surrounding a Board rule, which, effective January 2000, required 30 minutes of interactive instruction and associated costs. He said that state environmental health directors had formally requested an increase. He discussed the limits on fee increases under Initiative 601 and recapped the memo from Board's counsel.

At Mr. Osaki's suggestion, Chair Lake asked John Thayer, who recently retired as administrator of the Klickitat County Health Department, and Sharon Smith, representing Public Health—Seattle & King County, to come forward to the table to discuss the request.

John Thayer said he had chaired the food committee of the WSALPHO Environmental Health Directors. He said public health is struggling. Even with state help, they lost 90 cents on the dollar as a result of I-695. Environmental health directors, as a result, have been asked to raise fees to cover 100 percent of the cost of the programs. The Board set food worker card fees at \$8 in 1991 and they have not been raised since. He mentioned that 24 of 30 health districts are putting staff in lecture situations to train food workers. The majority of districts surveyed have costs in excess of the fee, he said.

Sharon Smith, testifying on behalf of Ngozi Oleru, Public Health—Seattle & King County environmental health director, said population size and diversity of population accounts for much of the difficulty in her jurisdiction's food worker program. Education and testing are provided in seven

different languages. Class includes 90 minutes of instruction, with lecture and video. Seattle & King County has issued more than 27,000 cards so far this year. The jurisdiction partnered with WSRA to provide training and issue cards. Challenges include the costs of room rentals and the needs of diverse populations. Associated costs have gone up over the years. Historically, Seattle—King County has lost money on the program. The current cost, despite streamlining and efficiencies, is \$11.88 per card. She said Dr. Oleru recommends a fee of \$12 per card.

Bruce Perkins, director of environmental health for Benton-Franklin counties, said jurisdictions should be allowed to raise the fees if they need to. He said it was difficult to determine costs for food worker cards when he responded to the most recent survey. The size of group has a lot to do with the cost. Food worker training is very necessary. Benton-Franklin also provides 90 minutes of instruction. The interaction between the trainer and the food worker provides information about what is going on in restaurants. He raised concerns about cost of card to young people, minorities, and the elderly, which make up most of the affected work force. But, he concluded, if jurisdictions need the revenue, they should have opportunity to collect it.

Board Member Ed Gray asked whether we could have covered the need by increasing fees each year within restrictions of I-601. Mr. Osaki said that is something the Board should consider but the issue immediately before us is the request. Ms. Selecky noted that the Board raises fee, not local health jurisdictions.

Mr. Osaki moved that the Board request through the Department of Health a waiver from the I-601 limit so it could consider a fee increase. Dr. Locke suggested amending draft letter to reflect that the Board created the new rule requiring interactive instruction under direct mandate from the Legislature.

Board member Vickie Ybarra asked whether the Legislature has ever granted exemptions for this type of fee. Ms. Selecky replied that it is not unusual but we have to go through the whole explanation process and the request could be rebuffed. She noted that we as a society are going to have to be fee-based. It is part of the art of budget every year to ask for 601 exemptions on some fees.

- ***Motion: The State Board of Health shall request, through the Department of Health, that the legislature grant an exemption under I601 giving the Board the option to raise food worker card fees.***

Motion/Second: Osaki/Locke. The motion passed unanimously.

BRIEFING ON ON-SITE SEWAGE ADVISORY COMMITTEE REPORT

Mr. Osaki discussed the work of the On-Site Sewage Advisory Committee. He said he was not requesting Board action but wanted to make sure the Board is informed at all steps because this is has been a contentious process. Mr. Osaki asked Bill White, DOH assistant secretary for environmental programs, and Maryanne Guichard, director of environmental health and safety for DOH, to provide update.

Mr. White said there was a different strategy on this round of rule revisions regarding on-site sewage. The first step was establishment of on-site wastewater advisory committee to look at where the whole process should take us. He said he was here today to give an overview of OAC's work and let the Board know the we are about ready to undertake when the Board opens up the rule and the department begins that process. Mr. White said he would talk with Carl about how to work the Board into the process. The department is prepared to ask the Board to open up the rule process and may not see the Board again before the review begins.

Ms. Guichard said the process this time around will be very inclusive and she encouraged the Board and Board staff to follow the process and be involved in some manner. She then discussed the operations of the OAC and its recommendations. The final report is not ready, she said, because of computer system problems but will be provided to the Board as soon as it is finalized. Said there was 100 percent consensus that the rules need to be changed, although not all participants agreed on how the rules should be changed. The department is looking at hiring a facilitator/coordinator to manage the rule review process. DOH will convert existing resources to do this. The department has already identified a half-time person to write the rules. Ms. Guichard then presented more details in a PowerPoint slide show.

Mr. White said in closing the next thing the Board will probably see is a request by memo to initiate the CR-101. The department will want to keep the Board apprised, particularly if there are controversial issues arising. It would hope to come back in about 18 months with a proposal.

Dr. Locke said this is an excellent plan and said the rule is due for revision. He noted that the 1995 revision was a sound technical rule and quantum leap forward. Local health officers are very concerned and regulation of on-site sewage is an ongoing source of litigation. Keeping infectious waste and water separate is one of the core functions of public health, he said.

Chair Lake asked about the procedure for issuing the CR-101. Mr. Osaki said theoretically the department could have asked for CR-101 but is not yet comfortable making the formal request. That request will probably come in about one month. Mr. White said the assumption is that this is one the

Board will want to maintain and not delegate to Department. Mr. Sloma noted that he needs direction from Board about the content of section of CR-101 concerning scope and direction of rule review. He said he hopes he will get direction from the Board when the formal request memo comes from the department, because that is a legal document people will respond to.

SBOH STAFF ANNOUNCEMENTS AND OTHER BOARD BUSINESS

Mr. Sloma introduced Marianne Seifert as the new policy analyst and directed the Board to her resume. He also provided an update on former staff member Janice Englehart. He then introduced Jennifer Dodd as the new full-time assistant to the Board.

Mr. Sloma provided updates on two rule making processes. First, he described the revision of the CR-101 for newborn screening to include a look at genetic privacy issues. Second, he reviewed discussion in the media over the summer about a proposal to make screening of pregnant women for HIV more routine. He directed the Board to the interested parties memo and the rule draft.

Dr. Locke noted that the HIV screening proposal has been mischaracterized by several people as a mandatory screening test but if you read the rule it is no more mandatory than other pregnancy screening tests (with exception of syphilis, which is mandatory). This reduces the burden of pretest counseling. He noted that there has been a lot of support, particularly from woman who wish this had been part of their tests. He said he would like this to move forward as expeditiously as possible. This is something that can save lives. Dr. Gray said he supported everything that Tom said but had a question about WAC 207, number (c), which concerns the availability of anonymous testing—that's not an option in immigration physicals. Dr. Locke said the reviewers might want consider that as an additional question. Ms. Selecky said she would take that question back to staff. Mr. Sloma noted that generally there is a disclaimer that state law is not meant to supercede federal law.

Mr. Sloma then directed the Board to a series of PowerPoint slides depicting the Washington Prescription Drug Project. He noted that he sits on this panel as a representative of the Board and invited any comments or questions from the Board. He also reviewed the program as represented in the slides. The governor has authorized a phase 2 to implement state drug list.

Mr. Sloma said the 2002 budget is not looking good and the Board will be asked to take a reduction, though he is not sure how much. The Legislature took out 6 percent last year. He said one option might be to cut the number of meetings to nine or ten per year. Could cut any but one in January to be held with Native American Health Commission to discuss health disparities work. May only cancel four meetings.

Ms. Selecky asked if we need the December meeting. Mr. Sloma answered that that's a possibility, or it could be a half-day meeting. The Board would be paying for attendance at the concurrent Washington Legislative Conference anyway. He also mentioned that the State Health Report might need to be finalized at December meeting. Board members will get back to staff about items that come up.

Board Policy Manager, Craig McLaughlin brought Board the up to date on FYI project to provide more information to Board members and as outreach tool to inform public on Board's work. He reviewed the memo and supplemental materials in the Board packet.

ADJOURN TO JOINT CONFERENCE ON HEALTH PRESENTATION BY LAURIE GARRETT, AUTHOR OF BETRAYAL OF TRUST: THE COLLAPSE OF GLOBAL PUBLIC HEALTH

LUNCH

CHALLENGES IN BUILDING PUBLIC HEALTH INFRASTRUCTURE BRIEFING HRSA GRANT ON ACCESS TO MEDICAL CARE AND INSURANCE

Chair Lake asked public health author Laurie Garrett to address the question: Where can the Board be useful? Ms. Garrett said that the most important thing public health can do is build more bridges back into the community; explain what public health does and why public health is important; and talk with people regardless of income, location, or background. However, she said, things have changed since September 11. People have a different perception of public health now. They want government to protect them. When the bombing occurred, the public health department reacted by setting up a syndromic surveillance network that was useable with all hospitals in New York within 24 hours. Now that system is able to make determinations regarding infectious disease in real time.

Ms. Garrett stated that there are so many ways the post-September event can be an opportunity. For example, racial tension has broken down to a large degree. Ms. Garrett thinks there is a lot of healing going on in the country now. Amazing bridges are being built between communities. Relationships between the fire department, the police department and the general public have greatly improved. We can use this time as an opportunity to improve relationships with people in our communities.

Dr. Locke said he keeps hearing that this experience is a "wakeup call" and "the world will never be the same." Ms. Garrett said that this is a moment when we need to not pretend that we are ready for a catastrophe. She suggests we get the testimony that Tommy Thompson, Secretary of the Department

of Health and Human Services (DHHS) gave before the House Appropriations Committee on October 5, 2001. Mr. Thompson said the public health system in the country is ready for anything—the response by the House members was disbelief. Ms. Garrett stated that we need to be honest about what we can do and what we cannot do right now. This is the moment to bring the realities of public health's frailties to light. How do we use local and state resources when our problems are international? Ms. Garrett used the AIDS epidemic as the example for what we can do to use local resources for an international crisis. This will be true for TB, malaria, and others. That would be global offensive public health rather than defensive public health.

Dr. Locke asked at what point do we destroy the stockpiles of biochemical agents? Ms. Garrett stated that we have a problem here because President Bush said we still will not sign the biochemical weapons treaty. There are dual purposes for these chemicals; therefore it is almost impossible to eradicate biochemicals. Also, the United States will not allow any country to inspect its supply. We need to find a way to develop a treaty that enables us to trust that "chemicals" are used for the right purposes.

Ms. Garrett stated that there is a window of opportunity now. She is concerned that Congress will appropriate money to the states, but tell them what to do with the public health infrastructure. NACCHO and ASTHO need to pressure congressional members to hold hearings about what state and local officials need rather than the federal government getting to decide how to allocate the money. Health and Human Services does not have the leadership with the necessary expertise to make those decisions. Ms. Selecky said state and local health officials must be ready to take on the resources they may receive from the federal government. She added that other public health activities might need to stop in order to do engage in other necessary activities.

Ms. Garrett expressed concern about the skills and talent in public health because of low pay scales. In closing, Ms. Garrett complimented Washington on how it responded to the Jack in the Box Emergency.

DEPARTMENT OF HEALTH UPDATE

Ms. Selecky first asked the Board to observe a moment of silence in memory of Sue Crystal who helped shape and guide the Board over the years. She then introduced Tom Bristow, the legislative liaison for the state Department of Social and Health Services, who will be working with the Board. She then gave the Board a brief update on the tobacco cessation efforts. She mentioned that General Lowenberg, Adjutant General, reported that for the next six months employees with security clearance might be called up for military service.

Ms. Selecky reviewed the budget handout listing areas of concern (see attached). She said the Governor met with Cabinet and no agency will be left untouched.

Dr. Locke asked about the I-732 lawsuit referred to in handout. Mr. McLaughlin said staff would research it and report back to the Board. Ms. Selecky excused herself to attend another meeting.

CHILDREN'S HEALTH AND WELL BEING: REPORT ON CROSS-STATE SURVEY OF SCHOOL ENTRY REQUIREMENTS

Ms. Ybarra referred the Board to the recommendations for children's preventive services approved by Board. She said the Children's Health and Well Being committee has looked at using school entry to require that children receive exams and has commissioned a report on what other states require. The cross-state survey found that many states have had the requirement for 20 years, half for 50 years or more. Most required by legislature. She moved that the Board formally accept the report.

Doreen Garcia, senior policy analyst for the Board, said the committee wanted to commission the report because the OSPI & DSHS study is not doable in time given. Three agencies are now working on a pilot that will be done next fall.

Chair Lake said she enjoyed reading report and asked about its use. Ms. Ybarra said at this point the Board can't advocate for the requirement of using school entry as a point of examination, but in the future, after the interagency pilot study is done, we might be able to—a year or two down the road. Ms. Garcia said the Human Services Policy Center, which conducted the study, is interested in identifying models that are useful in screening children. Also, the National Governor's Association is waiting for report, she said.

The Committee motions to adopt the report "Healthy to Learn: State Requirements for Child Health Exams" passed unanimously.

- ***Committee Motion: The Washington State Board of Health adopts the report "Healthy to Learn: State Requirements for Child Health Exams". The motion passed unanimously.***

AUDITORY AND VISUAL STANDARDS (WAC 246-760)

Ms. Ybarra told the Board that, based on a DOH and Office of the Superintendent of Public Instruction study, there is no adequate justification to substantially change the Auditory and Visual

Screening in Schools. She said the committee moves to delegate the rule to DOH staff for the purpose of making housekeeping changes.

- ***Committee Motion: The Washington State Board of Health will not make any substantive changes to the auditory and visual screening rule (WAC 246-760). To complete the rule review the Board will delegate WAC 246-760 to the state Department of Health for the sole purpose of making necessary housekeeping changes. The motion passed unanimously.***

SCOLIOSIS SCREENING – SCHOOL DISTRICTS (WAC 246-762)

Ms. Ybarra said that the Scoliosis Rule schedule is set in statute and any substantive changes required a legislation to change the statute. She said it was not prudent to pursue substantive changes in the rule. She moved that it be delegated to DOH for housekeeping changes.

- ***Committee Motion: The Washington State Board of Health will not pursue possible statutory changes to RCW 28A-210-200 and will therefore not consider any substantive changes to WAC 246-762. To complete the rule review the Board will delegate 246-762 WAC to the state Department of Health for sole purposes of making necessary housekeeping changes. The motion passed unanimously.***

REVIEW OF ENVIRONMENTAL JUSTICE GUIDELINES

Mr. Osaki said the Environmental Justice Guidelines have been reviewed and commented on by community members and by agency staff. The guidelines have been revised to reflect those comments.

Ms. Pageler stated that industries in the Georgetown neighborhood are feeling threatened and that it's a land use conflict that has nothing to do with environmental justice. She hopes that a policy like this will help to resolve some of these clashes. Chair Lake stated that one concern was that Long Painting Company, by moving to Kent, would just move the environmental impact. Ms. Pageler stated that the Clean Air Agency thinks that they had addressed their environmental impact. Mr. Osaki noted that the City of Seattle has convened an environmental justice committee. Ms. Pageler said she's continued working with businesses to develop buffer between industrial and residential zones.

- ***Committee Motion: The Board approves the revised Environmental Justice guidelines and will include the revisions in the final report. The motion passed unanimously.***

SUMMARY OF BOARD WORK SESSION ON 2001-03 PRIORITIES

Mr. McLaughlin reviewed memo and purple handout describing Board priorities. He noted that at the end of the July meeting, Mr. Sloma had commented that the staff had enough direction to start working with committees to develop work plans. The committees have been developing the work plans. Staff also attempted to capture Board successes and factors that contributed to success, and identify how to develop work plans in the future. Dr. Locke said the green sheet (Questions to Consider when Planning Board Work handout) captures good ideas and provide good criteria, and should be used to evaluate future actions.

DRAFT WORK PLAN – CHILDREN'S HEALTH AND WELL BEING (PHASE II)

Ms. Ybarra said the committee chose to focus on three areas: children's health, well child screening and a new area, nutrition and obesity in children and adolescents. The committee proposes to do an assessment of current activities in the third area and report back to Board.

Mr. Osaki said the theme at Washington State Environmental Health Association conference in April will be children's environmental health and we should think of a presentation.

Dr. Gray spoke in favor of the plan but would like stronger language than "monitor or support pilot study"—he would like a goal statement. Ms. Ybarra said if pilot works, we would like to see policy. Ms. Garcia said the date is wrong for monitoring the pilot—that it should be June 2003 on timeline.

DRAFT WORK PLAN – GENETICS TASK FORCE

Mr. Sloma reviewed the genetics work plan. He noted that the board has two rule making processes where genetic privacy issues arise—prenatal testing and newborn screening. He noted that half of Board members are listed as members of committee because he didn't want to leave out anyone who had expressed an interest. He asked which Board members would be like to be involved. Ms. Pageler said her name is not on there and that is right. Dr. Locke said he would be glad to exit crowded ship—he has interest but not expertise. Ms. Ybarra said she was surprised to see her name on the work plan, but I would be glad to provide a bridge to the children's work and that she had limited expertise and limited time. Dr. Gray said he would be happy for the chair to keep the Board informed. Chair Lake said she would be happy to be on it. Board Member Joe Finkbonner said the task force definitely interests him.

- ***Committee motion: The Washington State Board of Health approves the draft summary of planned work, Genetics Task Force, as submitted to the Board on October 10, 2001 with date change as noted. Motion approved unanimously.***

Chair Lake asked if anyone has recommendations about who to add to the task force should get in touch with Mr. Sloma.

DRAFT WORK PLAN – ACCESS TO CRITICAL HEALTH SERVICES (PHASE II)

Mr. Sloma reviewed the work done during Phase I and what was proposed for Phase II. He said there is interest in Thurston, Mason, Lewis, Grays Harbor, and perhaps the Spokane group to use the menu of critical health services. Public health perspective is gradually being made. [DON CAN YOU FLESH THIS PART OUT] Dr. Locke said he attended a session on the use of data in community health assessment where the presenters used the Board menu.

- ***Committee motion: The Washington State Board of Health approves the draft summary of planned work, Access to Critical Health Services, Phase II, as submitted to the Board on October 10, 2001. Motion passed unanimously.***

Chair Lake said in the Genetics work plan it says the April meeting will be at Henry Art Gallery. This is the Genetics Task force meeting, not the Board meeting.

Mr. Sloma said the University of Washington is planning a yearlong dialogue around the genomic revolution, and what it means to people, at all levels including public health, which is why our Genetic Task Force meeting is planned at the Henry Art Gallery.

REVIEW OF PLAN FOR WARREN FEATHERSTONE REID AWARD

Mr. McLaughlin reviewed memo describing the recommended process for the Featherstone Reid award and went over the recommended motion. Dr. Locke said she tends to be cynical about awards, but this one is an exception. He said this is a distinguished honor and the Board should think about the process. Chair Lake said this looks like a good process and moved as noted.

- ***Motion: The State Board of Health shall adopt the process as outlined in the memo. Motion/Second: Lake/Gray. The motion passed unanimously.***

STATE HEALTH REPORT

Craig McLaughlin gave a presentation on State Health Report (see PowerPoint slides). He noted that the Board was excused from 2000 report and that key informant interviews found that State Health Report not used much by those in government, so there was some question as to its value. In response, he said, staff had been exploring a new format that would be produced as a joint report with the Governor's Subcabinet on Health. Mr. Sloma described the Subcabinet discussion in which he suggested a joint document. He said the governor might benefit from broader set of health issues rather than just budget cuts and managing health care. Ms. Ybarra said she encouraged including improving public health infrastructure as priority. Dr. Locke said the short timeline is an asset to capitalize on recent events. Mr. McLaughlin said staff just wanted a sense of the Board about whether to continue and will come back in November with more concrete details. Mr. Osaki said he was frustrated with 1998 report and he was not sure of its purpose. He said the purpose of the report should be made crystal clear or the report give to public heightened expectations. Chair Lake said staff should be clear about purpose of the report when it returns in November.

PUBLIC TESTIMONY

Ms. Ybarra summarized Visual and Auditory Screening discussion and motion approval for members of the public in the audience.

Rhonda Stone: Has education and health care background, but it didn't prepare her for her daughter's vision problems. Read letter describing daughter's experience and condition and encouraging policy that incorporates research on color filtration. Suggested that visual screening not rely on Snellen Eye Chart.

Katie Stone: Read her letter about her experience with light and contrast sensitivity.

Ms. Noble: Was held back in school because of scotopic sensitivity. Wears tinted glasses to prevent migraines and other symptoms. Screened children and McKinley elementary school. Recommended that children are able to wear sunglasses, overlays, and/or hats to protect their eyes. Described 55 children who have scotopic sensitivity (of 75 children at school). Handed out letter from Linda Cummins, whose daughter has scotopic sensitivity and is doing well.

Michelle Orton: Is a teacher at Whitney here in Yakima, and a screener. 33 of 76 kids are scotopic, light sensitive. Fluorescent lighting creates reading difficulties, and is used in her school. Described children's difficulties in school, struggling with reading, placement in special ed., feeling inadequate. Could've been discovered earlier! Don't have resources to screen all the kids. \$2.50 a sheet to cover

reading helps the kids. Encouraged Board to research scotopic sensitivity. In California \$250,000 was saved in special ed. costs due to diagnosing children correctly.

Dr. Bonnie Morrow: Doesn't have reading difficulties, but heavy duty reading or computer work nauseates, tires her. Son was diagnosed ADHD but has this syndrome. Described colleague who was diagnosed dyslexic but screening and new diagnosis made life better for her, enabled her to get a better job. Tremendous numbers of adult students have this. Described students who couldn't read, who would get migraines, but with overlays could read. Great numbers of at risk students who were struggling had syndrome. Estimated at community college 25 percent of students she sees have scotopic syndrome.

Robin Klingele: She and two of her three children have glasses with different combinations of tints. Described how she hated school and reading. Lenses are expensive, but overlays are cheap. Diagnosis in first grade made big difference in her son's life, her life. Would like to see screening for scotopic syndrome.

Michelle Orton: It is genetic, and becomes more severe as you go down the line.

Joe Finkbonner: Reflected on conference and Carl's question about public health leadership, and that public may be looking to Board. Stated that it's time for Board to take a leadership role, it has with environmental justice and children's health. He said he would like to light the fire and think about how we'd like public health to change, to think about deficiencies, in communication, infrastructure, and how to protect public health in the future. Suggested having discussion in the future. Dr. Locke responded that Dr. Maxine Hayes, state health officer, had reminded us of our role and made a call for leadership. At this conference there were many calls for action and we need to think about what actions we need to take. Mr. Osaki said the Board needs to do something, perhaps write a letter to Tommy Thompson about its concerns. Mr. Finkbonner asked, why not send a letter to Governor, closer to home, and let him know our concerns? Mr. Osaki said he mentioned Tommy Thompson because his statement that we are prepared is unconscionable. Ms. Pageler suggested telling the governor that we are asking the fed s to step up to their responsibility.

Mr. Sloma read a list of emergency response improvements that he had heard mentioned during the Oct. 9, 2001 presentations to the Board:

1. immunizations, fast track
2. regional stockpile suggested
3. provider training – EMT, MDs, RNs
4. communications infrastructure – email HAN went down for a week
5. pharmaceutical production for profit vs. public need
6. syndromic reporting
7. surge capacity for hospital beds, doctors
8. standardized protocols for hospitals' emergency response plans

Ms. Ybarra said she is interested in learning more about syndromic surveillance and what Board's role can be.

Chair Lake suggested attack places where there is clear authority to act, but also joining with other organizations, including local Boards. Mr. Sloma noted the local boards of health leadership workshop is October 24-25. Chair Lake suggested the Board communicate electronically between meetings to develop a Board response. She suggested we start with something strong. Mr. Osaki mentioned how much he appreciated Mr. Finkbonner's initial comments.

The meeting was adjourned at 5:07 pm.

WASHINGTON STATE BOARD OF HEALTH

Linda Lake, Chair